

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017158

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4051

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 25 1962

| | | | |
|---|---|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5224 Pattison Ave.</u> | | d. STREET ADDRESS (If outside, give location) <u>5224 Pattison Ave.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Ponciroli</u> Last | | 4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/10/1883</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u> | | 11. BIRTHPLACE (City and state or country) <u>Italy</u> | |
| 13a. FATHER'S NAME <u>Theodore Ponciroli</u> | | 14. NAME OF HUSBAND OR WIFE <u>Assunta Ponciroli</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>Assunta Ponciroli, 5224 Pattison Ave.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) <u>Carcinoma of the prostate</u> DUE TO (c) <u>177X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>pm</u> Month, Day, Year <u>April 16 1962</u> | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>1959</u> to <u>17 April 62</u> and last saw her alive on <u>16 April 62</u> Death occurred at <u>1:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Dr. J. Calatayrro M.D.</u> | | 22b. ADDRESS <u>2705 Clifton Ave</u> | |
| 22c. DATE SIGNED <u>18 April 62</u> | | 22d. SIGNATURE <u>Earl Smith, M.D.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-19-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u> | | 24. FUNERAL DIRECTOR <u>Calcaterra Funeral Home, 5142 Daggett Ave.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>APR 18 1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No.

4193

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.